

State of Wisconsin Department of Natural Resources, AM/7 P.O. Box 7921 Madison, WI 53707-7921	Registration to Salvage or Dismantle Refrigeration Equipment Form 4500-129 Rev. 12-05 Page 1 of 4	DNR Facility ID#: _____
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NOTICE: This form is authorized by Section 285.59, Wis. Stats., and Chapter NR 488, Wis. Adm. Code. Completion of this form is mandatory. Penalties for not submitting this form range from \$100 to \$1000. Personally identifiable information included on this form may be used for verification with other state agencies or programs and may be provided to requesters as required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.].

A. REGISTRATION INSTRUCTIONS: Complete this application if your operation salvages or dismantles refrigeration or air-conditioning equipment which may contain regulated refrigerants (CFCs, HCFCs, HFCs or PFCs). Refrigerants may not be released and must be recovered by qualified technicians using approved recovery equipment.

Sign Form in Section B and submit fee as determined in Section D. Complete *Form 4500-129a, Subcontractor Information* if you have arranged for another entity to recover refrigerants under your registration. Your facility must also submit *Form 9400-568, Social Security Number/FEIN Collection Request*, and must not be delinquent on state taxes to qualify for this registration.

PLEASE TYPE OR PRINT CLEARLY. Incomplete, unsigned or illegible forms will be returned for completion.

Name of Business or Governmental Agency:		Phone:
Facility Address:	City:	Zip Code:
Name of Contact Person:	Title:	County:
Contact Person Address (if different and needed for mail delivery):		Contact phone (if different):

B. REGISTRATION CERTIFICATION AND VALIDATION: An authorized person must read and sign below.

The undersigned hereby certifies that this is a true, complete and accurate application for a registration certificate pursuant to s. 285.59, Wis. Stats. and Ch. NR 488, Wis. Adm. Code. The undersigned further certifies that:

1. Remaining regulated refrigerants will be transferred from each piece of refrigeration equipment into storage tanks using approved refrigerant recovery equipment and procedures which will minimize the release of regulated refrigerants to the environment.
2. Individuals who use the approved refrigerant recovery equipment have, or are working under the direct supervision of individuals who have, successfully completed a training program specifically designed to train that individual to recover refrigerant from the type of refrigeration equipment that individual will salvage or dismantle.

 Authorized Signature

 Title

 Date Signed

FOR WI DNR USE ONLY	
Facility ID Number: _____ Last Registered Date: Previous Fee Paid: \$ Subcontractor?: _____ Region: _____	Date Received: _____ Date Approved: _____ Expiration Date: _____ Date Processed: _____

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DNR Facility ID#: _____

C. FACILITY TYPE: Indicate in the space provided the type of equipment your operation will salvage or dismantle. Enter your Wisconsin Department of Transportation Salvage Dealer License number if you are so licensed.

Facility Types:

1. Salvage vehicle air conditioning equipment only.
2. Salvage stationary refrigeration and/or air-conditioning equipment only (includes residential and commercial appliances and refrigeration and air-conditioning equipment containing regulated refrigerants).
3. Salvage both Types 1 and 2.

This Facility Type (1, 2 or 3): _____

For Types 1 and 3, Wisconsin Dept. of Transportation Salvage Dealer License number: SL _____

D. ANNUAL FEE DETERMINATION: The annual registration fee is \$250 for operations that recover regulated refrigerants from equipment to be salvaged. If your operation is also already registered under the Wisconsin Department of Agriculture, Trade & Consumer Protection (DATCP) for servicing mobile air conditioners, or under the Wisconsin Department of Commerce (COMM) for servicing stationary refrigeration equipment, **and you salvage or dismantle as a minor activity incidental to providing your service**, the annual fee is \$125.

Please check the appropriate category below (1, 2 or 3):

____ 1) Registration as salvager/dismantler for DNR	You will be assigned a DNR Facility ID number.	\$250
____ 2) Also Registered under DATCP program	DATCP ID number: _____	\$125
____ 3) Also Registered under COMMERCE program	COMM ID number: _____	\$125

Make checks payable to **Wisconsin DNR** and return with this completed form to:

Refrigerant Registration Program
State of Wisconsin DNR- AM/7
P.O. Box 7921
Madison WI 53707-7921

Questions? Please call 608/264-6049 or
Visit Program website at [//dnr.wi.gov/org/aw/air/reg/refrig/](http://dnr.wi.gov/org/aw/air/reg/refrig/)

(Also complete Sections E and F on following pages.)



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[illegible]

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REFRIGERANT RECOVERY SUBCONTRACTOR INFORMATION

Registered Facility Name: _____

INSTRUCTIONS: This form is used to supplement information this facility has submitted on Form 4500-129, "Registration to Salvage or Dismantle Refrigeration Equipment." Complete this form if another facility will recover refrigerants from salvaged items under your Registration.

The "subcontracted" facility should be registered with the Wisconsin Department of Agriculture, Trade & Consumer Protection (DATCP) if they will recover from vehicle air conditioners, or should hold a credential with the Wisconsin Department of Commerce for recovery from stationary refrigeration equipment.

Complete the table below for the "subcontracted" facility. List the Refrigerant Recovery Equipment and Trained Recovery Equipment Operators that facility will use in Sections E and F of Form 4500-129.

PLEASE TYPE OR PRINT CLEARLY and SIGN FORM. Incomplete, unsigned or illegible forms will be returned.

RETURN THIS FORM ALONG WITH YOUR COMPLETED RENEWAL FORM 4500-129 AND FEE PAYMENT.

Questions? Please Call 608/264-6049.

SUBCONTRACTOR NAME:		PHONE:
ADDRESS:	CITY/STATE:	ZIP CODE:
DATCP ID#:	COMMERCE ID#:	

Authorized Signature, Registered Facility

Title

Date

Notice: Individuals are required to provide a social security number (SSN) or Federal Employer Federal Identification Number (FEIN) to be used as specified below.

1. Provide the SSN for the Department to consult with the Department of Workforce Development to determine whether the applicant is delinquent in court-ordered child or family support payments:
 - under s. 29.024(2g)(a) Wis. Stats., when applying for a hunting, fishing or personal license, permit or certification
 - under 299.08(1), Wis. Stats., when applying for certain occupational licenses or approvals
2. Provide the SSN or FEIN for the Department to consult with the Department of Revenue to determine whether the applicant is delinquent in paying Wisconsin taxes:
 - under s. 29.024(2r)(a) and 299.07(1), Wis. Stats., when applying for certain occupation-related licenses or approvals
 - Laws for tax delinquency determination require an individual to submit a social security number. Applicants who are not individuals [i.e. businesses] are required to provide a Federal Employer Federal Identification Number (FEIN).

The Department cannot process your application for a license, permit, approval, certification or renewal unless you provide the information requested. Information collected on this form is confidential. The number SHALL NOT be disclosed to any other person except the Department of Workforce Development or the Department of Revenue. By requesting SSN and FEIN data on a form that is separate from applications and renewals, the Department is taking extra steps to assure the confidentiality of this information.

Purpose: The 1999 Wisconsin Acts 9 and 32 set requirements for people and businesses licensed, registered, certified, or permitted to conduct business in Wisconsin to provide their Social Security Number or Federal Employer Identification Number. The purpose of this law is to help collect child support from parents [section 49.857(2)(b)5, Wis. Stats.] and collect taxes from individuals and businesses [section 73.0301(2)(c)2, Wis. Stats.] that are delinquent in their payments. This law also requires the Department of Natural Resources to deny or revoke the licenses, permits, registrations or certifications to these individuals and businesses [sections 29.024, 299.07 and 299.08 Wis. Stats.].

For copies of the State Statutes, contact the Wisconsin Revisor of Statutes Bureau.

- Visit their internet site at <http://www.legis.state.wi.us/rsb/> or
- If you do not have internet access, call (608) 266-2011.

Instructions

Print or type clearly and provide complete information for DNR processing purposes. Include:

- Your name, phone number, address and **Social Security Number (SSN)** if your application is for any **personal** license, permit, registration or certification.
- Your name, phone number, address and **Federal Employer Identification Number (FEIN)** if your application is for any **business** license, permit, registration or certification.

Sign and mail this completed form along with your license, permit, certification or registration application or renewal form.

NOTE: If you have multiple licenses, permits, certifications and registrations, you are likely to be asked to complete separate forms with each type of application or renewal.

Applicant Information

Last Name	First	MI	Telephone Number	SSN For Individual
Business			Business Telephone Number	FEIN For Business
Address		City	State	ZIP Code

Certification

I certify that information provided on this form is true and correct.

Applicant Signature	Date Signed
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DNR Use Only

License, Registration, Certification or Permit Type	License, Registration, Certification or Permit Number
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